

Community Health Center Network of Idaho Value Care Organization Overview



CHCNI

Community Health Center Network of Idaho

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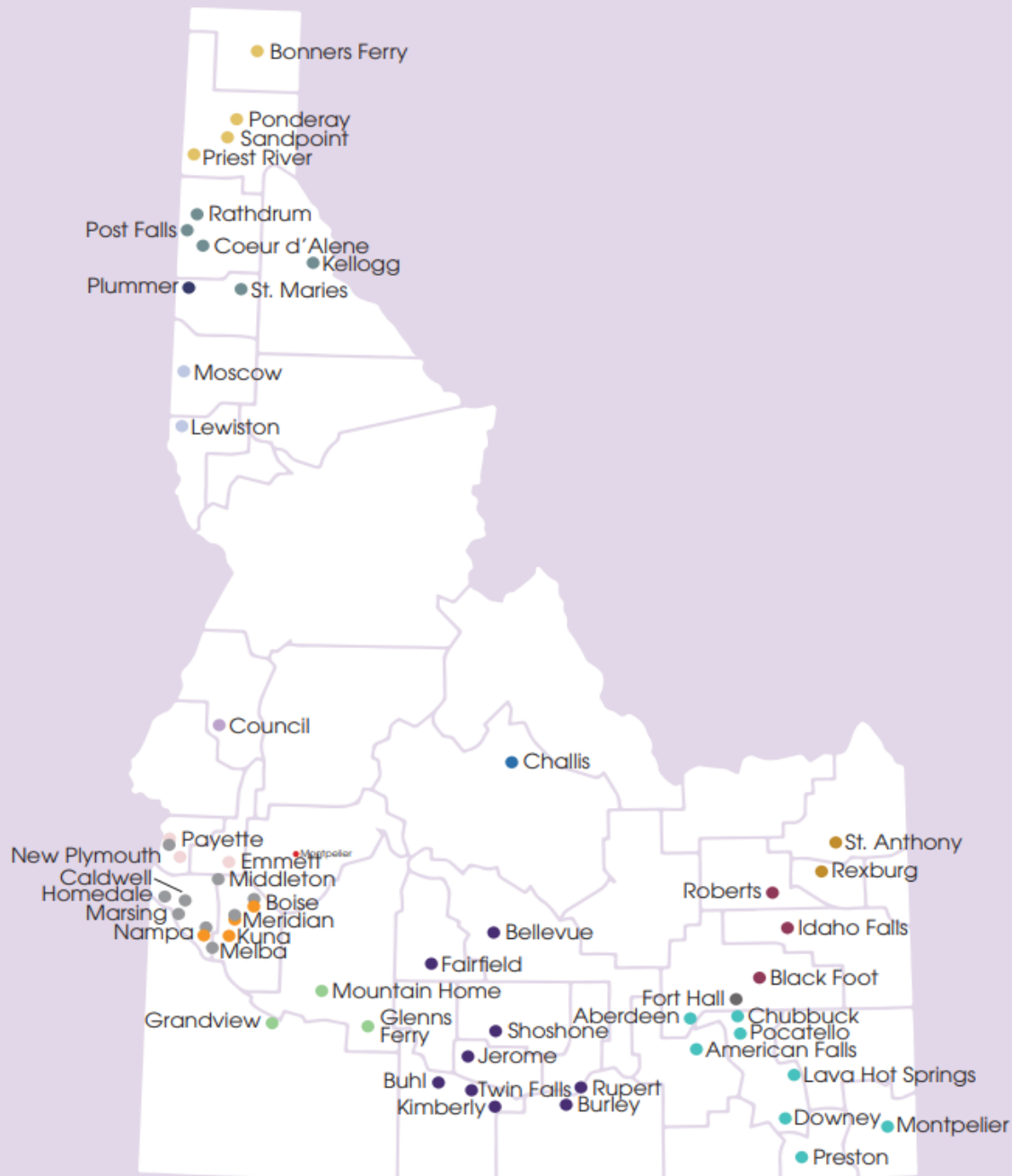


- The Community Health Center Network of Idaho, (CHCNI) currently consists of 14 community health centers.
- 2nd largest VCO with 46,692 members as of August 2023
- Owned by community health centers and the non-profit Idaho Community Health Center Association



What is a Community Health Center?

- Community Health Centers (CHCs), also known as Federally Qualified Health Centers (FQHCs), are primary care centers
- Our clinics serve ALL patients regardless of their insurance status or ability to pay by using a sliding-scale payment structure
- All are 501c3 non-profit organizations



- Kaniksu Community Health
- Heritage Health
- Marimn Health
- CHAS Health
- Adams County Health Center
- Valley Family Health Care
- Terry Reilly Health Services
- Full Circle Health
- Desert Sage Health Centers
- Family Health Services
- Challis Area Health Center
- Health West
- Shoshone-Bannock Community Health Center
- Community Family Clinic
- Grand Peaks Medical and Dental

15 independent centers with nearly 200 care sites across Idaho

Community Health Center Services

Preventive health care

Medical

Dental

Behavioral Health and SUD

Pharmacy

Care Management

- CHCs provide comprehensive services with a team-based approach to provide whole patient care.
- If services are not available on-site, CHCs must have a connection to coordinate care with another provider.



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CHC Requirements

To qualify as a CHC, a clinic must meet specific requirements, including:

- Serving an **underserved** area or population
- Providing care on a **sliding fee** scale based on ability to pay
- Operating under a governing board of directors that includes **patients** (51% or more)
- Completing annual **reporting** requirements – our data are public
- Providing **holistic** health and social services
- Have an ongoing **quality** assurance program



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CHC Requirements - Quality

All CHCs must pursue quality improvement and reporting:

- Clinical quality improvement has always been a high priority for CHCs
- Our clinics are at the forefront of **patient-centered medical home** and **behavioral health integration** efforts in Idaho
- CHCs are measured on quality standards each year and report data through the federal Uniform Data System (UDS)
- UDS data are publicly available and show performance on quality metrics
- This grounding in quality assurance, improvement, and reporting gave us a strong background for accountable care performance



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CHCNI Results – Shared Savings

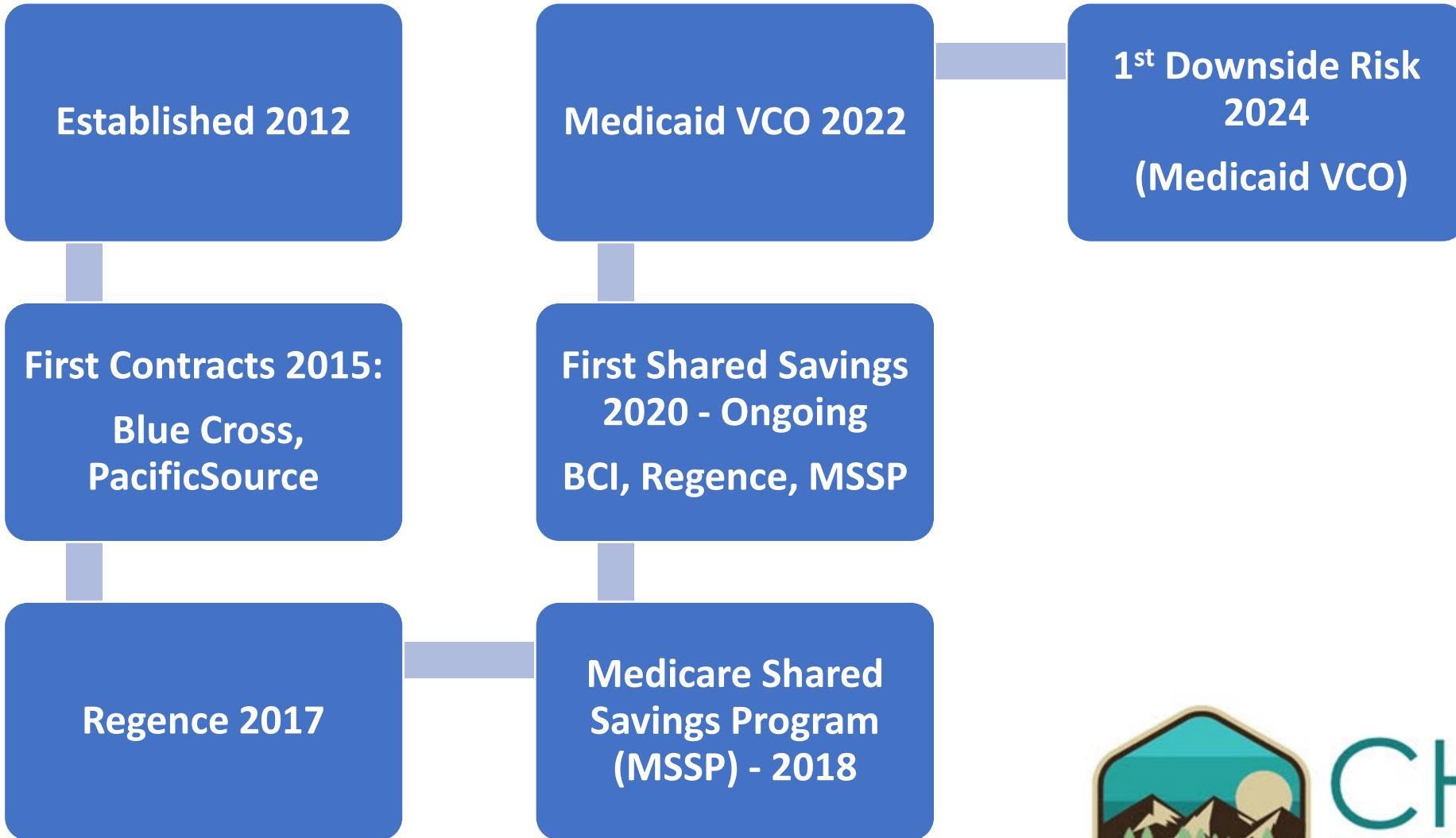
- Since we began contracting as a network in 2015, we have generated net savings of \$13.6M across all payers
- Centers have leveraged their QA/QI capabilities to manage care for patients and improve performance under contracts since 2015



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CHCNI Timeline



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Managing Downside Risk

- Taking on downside risk requires a more focused commitment to understanding and managing the cost of care
- We have already collectively or individually invested in some of the tools needed to do this
- We will need to leverage those capabilities more effectively to succeed in the coming years

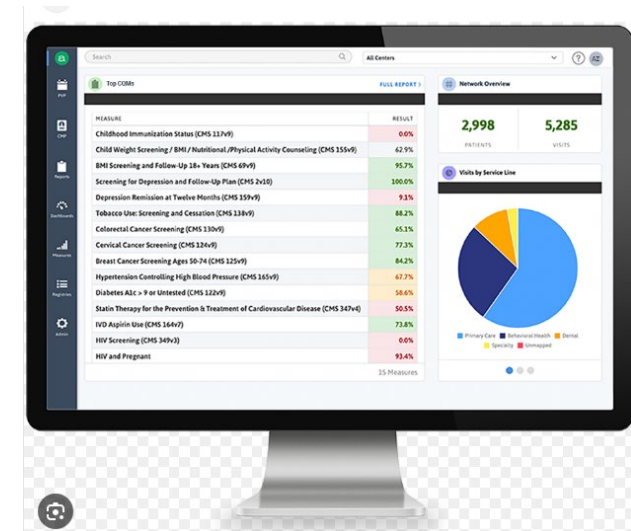


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Azara Population Health Tool

- Azara DRVS: A centralized data reporting and analytics solution which facilitates care transformation, drives quality improvement, aids in cost reduction, and simplifies mandated reporting.
- Contains variety of Modules: Risk Stratification, Referral Management, Controlled Substance, HEP C & HIV, EHR Plug-In, Transitions of Care, & Patient Surveys
- Different Users in DRVS
 - Quality Team: Focus on Scorecards, Dashboards, Measure Analyzer, & Mapping Administration
 - Care Teams: Focus on point of care reports, Patient Visit Planning, Care Management Passport, and Point of Care Alert Closure Measure
 - Administration, Providers and all staff can use DRVS to improve care



VCO and MCO – Different Approaches, Different Strengths and Weaknesses

Value Care Organizations	Managed Care Organizations
Idaho based (mostly)	Nationally or regionally based (mostly)
Tight focus on patient care, costs, and quality	Broad focus on a whole array of program activities
Run on existing state claims and primary care infrastructure	Bring their own infrastructure and capabilities
Latitude to set terms within existing state plan authority	Terms subject to CMS approval over contract years and actuarial review
Foundations in direct care provider experience and patient care	Foundations in managing Medicaid populations at scale



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Value Care Organizations

- Initial results are promising
- Leverage Idaho investments in claims and primary care systems
- CHCs will carry out their mission to serve all Idahoans under VCO or MCO, but would like the opportunity to prove the VCO model



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Thank you!
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